		SYING EXPE FORM 507			ORT		Esecutive	5 Lubb		istration	ı Na.	
COVERING JANUARY 1 - JUNE 30, 2007 - DUE AUGUST 15 COVERING JANUARY 1 - DECEMBER 31, - DUE FEBRUARY 15									FOR OPPICE USE ONLY Postmark Date: 8-10-07			
<u>(al) to:</u> the Board o R	of Fighics, 241	15 Quail Dr., 3rd Flo	or, Baton	Houge, LA 70	808				SC	٩NN	1ED	
ax to: (225)763-8	787 or (225)	763-8780							All	6 1 3 20	n2	
1. Name Spend	er	Adria	ne						Ву:	6		
	[Par		First			М			30.5	0337	·]	
2. Business Add	7516	Jeannette Street	N	ew Orleans	Louis	siana	70118		ΛI	IDI		
	St	reet and No.		City	St	ace	Zip		AL	וטו		
Mailing Add	same	as above						-01		AUG 13	2007	
									By:_	F)	
3. Business Pho	me (504) 8	66-0990							153.55	· 00000		
sprosen-managetyacya		Area Code and Telep	рьсие Мш	uber	.58							
(Include exp	enditures from	ying expenditures m Schedules A and B) wing expenditures m				<u>\$ 0.</u> s N	88		3	ži		
(When Appl	icable) (Inclu	de expenditures from 9	Scheduler	A and B)								
		ylng expenditures m uld equal Line 6)	ade durin	g calendar yea	r:	SO	.00	99		2001 AUG	gia Par	
7. Did you mak	e un expendi	ture exceeding \$50 or	n one occ	asion for an ex	ecutive b	ranch (official:			5		
	ry 1 through I through De		Yes Yes		Na No		NĀ	Ø		AH 8: 5	ASSISTANCE NEW CENTRAL	
If the answe	r to either qu	ication in Number 7	ibove la Y	ES, complete S	ichedule	A and	attach.			5	12	
8. Did you mak	e expenditur	es exceeding the sum	of \$250 t	for an executiv	e branch	official	:					
From July 1			Yes Yes		No No		NA	Ø				
If the answer	r to eicher qu	estion in Number 8 a	bave is Y	ES, complete S	chedule .	A and a	rtach.					
		any reception, social ing this reporting per		g, or other fun	ction to s	which r	nure than t	wenty	-five exec	ucive bran	ıch	
101	Yes 🗖]	No 🗹		M bl	Missing numbered pages were blank and had no information					
If the answer	r to Number	9 above is YES, comp	lete Sche	dule B and acca	ich.		them					
Firms SI	77, Rev. 7/04			Page 1 of ³								

2)	a. Name of Department and Individual Agency: N/A	y works
	b. Total of all expenditures made January 1 through June 30:	S
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the colendar year:	<u>\$_0.00</u>
3)	a. Name of Department and Individual Agency: N/A	
	b. Total of all expenditures made January 1 through June 30:	<u>s</u>
	 Total of all expenditures made July 1 through December 31: (When applicable) 	\$
	d. Total of all expenditures made during the calendar year:	s 0.00

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. kas been deliberately omitted.

Signature of Lobbyist